PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUL FEE

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| INSTRUCTIONS: This for                                                                                                                                                                                                                                                                                                                                              | m should be used for tran                                                                  | smitting the ISSU                                                | E FEE and PUB                                                                                                                                                                                    | BLICATION FEE (if requ                                                                                                                                                                                                                                                                                                                                  | ired). Blocks 1 through 5                                                             | should be completed where                               |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|---------------------------------------------------------|--|
| appropriate. All further cor<br>indicated unless corrected t<br>maintenance fee notification                                                                                                                                                                                                                                                                        | respondence including the local or directed otherwise as.                                  | Patent, advance or in Block 1, by (a                             | ders and notificat<br>) specifying a ne                                                                                                                                                          | tion of maintenance fees v<br>w correspondence address                                                                                                                                                                                                                                                                                                  | pired). Blocks 1 through 5 will be mailed to the current; and/or (b) indicating a sep | t correspondence address as<br>parate "FEE ADDRESS" for |  |
| CURRENT CORRESPONDENCE ADDRESS (Note: Use Block I for any change of address)                                                                                                                                                                                                                                                                                        |                                                                                            |                                                                  |                                                                                                                                                                                                  | Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.                                                           |                                                                                       |                                                         |  |
| 23364 7590 04/13/2006                                                                                                                                                                                                                                                                                                                                               |                                                                                            |                                                                  |                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                         |                                                                                       |                                                         |  |
| BACON & THO<br>625 SLATERS LA                                                                                                                                                                                                                                                                                                                                       |                                                                                            | JUN 2 6 2006                                                     | 8                                                                                                                                                                                                | Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. |                                                                                       |                                                         |  |
| FOURTH FLOOR ALEXANDRIA, VA 22314                                                                                                                                                                                                                                                                                                                                   |                                                                                            |                                                                  |                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                         |                                                                                       |                                                         |  |
| ATTN: Richard E. Fichter                                                                                                                                                                                                                                                                                                                                            |                                                                                            |                                                                  |                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                         | (Depositor's name)                                                                    |                                                         |  |
| ATIN: MICHAR                                                                                                                                                                                                                                                                                                                                                        | d E. Fichter                                                                               |                                                                  | ,                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                         |                                                                                       | (Signature)                                             |  |
|                                                                                                                                                                                                                                                                                                                                                                     |                                                                                            |                                                                  |                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                         |                                                                                       | (Date)                                                  |  |
| APPLICATION NO.                                                                                                                                                                                                                                                                                                                                                     | FILING DATE                                                                                | FIRST NAMED INV                                                  |                                                                                                                                                                                                  | VENTOR                                                                                                                                                                                                                                                                                                                                                  | ATTORNEY DOCKET NO.                                                                   | CONFIRMATION NO.                                        |  |
| 10/620,335                                                                                                                                                                                                                                                                                                                                                          | 07/17/2003                                                                                 |                                                                  | Nobuhiko Iss                                                                                                                                                                                     | hiki                                                                                                                                                                                                                                                                                                                                                    | ISSH3001/EM                                                                           | 8656                                                    |  |
| TITLE OF INVENTION: DEVICE FOR TREATING DYSPHONIA AND METHOD OF TREATING WITH USE OF THE SAME                                                                                                                                                                                                                                                                       |                                                                                            |                                                                  |                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                         |                                                                                       |                                                         |  |
|                                                                                                                                                                                                                                                                                                                                                                     |                                                                                            |                                                                  |                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                         |                                                                                       |                                                         |  |
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| APPLN. TYPE                                                                                                                                                                                                                                                                                                                                                         | SMALL ENTITY                                                                               | ISSUE FEE                                                        |                                                                                                                                                                                                  | PUBLICATION FEE                                                                                                                                                                                                                                                                                                                                         | TOTAL FEE(S) DUE                                                                      | DATE DUE                                                |  |
| nonprovisional                                                                                                                                                                                                                                                                                                                                                      | YES                                                                                        | \$700                                                            |                                                                                                                                                                                                  | \$300                                                                                                                                                                                                                                                                                                                                                   | \$1000                                                                                | 07/13/2006                                              |  |
| EXAMINER .                                                                                                                                                                                                                                                                                                                                                          |                                                                                            | ART UNIT                                                         |                                                                                                                                                                                                  | CLASS-SUBCLASS                                                                                                                                                                                                                                                                                                                                          |                                                                                       |                                                         |  |
| PRONE, CHRISTOPHER D                                                                                                                                                                                                                                                                                                                                                |                                                                                            | 3738 606-196000                                                  |                                                                                                                                                                                                  | 606-196000                                                                                                                                                                                                                                                                                                                                              |                                                                                       |                                                         |  |
| 1. Change of correspondence<br>CFR 1.363).                                                                                                                                                                                                                                                                                                                          | e address or indication of "Fo                                                             | ee Address" (37                                                  |                                                                                                                                                                                                  | on the patent front page, li                                                                                                                                                                                                                                                                                                                            |                                                                                       | & Thomas DII                                            |  |
| Cr R 1.303).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.                                                                                                                                                                                                                                                      |                                                                                            |                                                                  | (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a                                                           |                                                                                                                                                                                                                                                                                                                                                         |                                                                                       |                                                         |  |
| "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.                                                                                                                                                                                                                     |                                                                                            |                                                                  | (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. |                                                                                                                                                                                                                                                                                                                                                         |                                                                                       |                                                         |  |
| 3. ASSIGNEE NAME AND                                                                                                                                                                                                                                                                                                                                                | RESIDENCE DATA TO B                                                                        | E PRINTED ON T                                                   | HE PATENT (pri                                                                                                                                                                                   | int or type)                                                                                                                                                                                                                                                                                                                                            |                                                                                       | -                                                       |  |
| 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. |                                                                                            |                                                                  |                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                         |                                                                                       |                                                         |  |
| (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)                                                                                                                                                                                                                                                                                                    |                                                                                            |                                                                  |                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                         |                                                                                       |                                                         |  |
|                                                                                                                                                                                                                                                                                                                                                                     |                                                                                            |                                                                  |                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                         |                                                                                       |                                                         |  |
|                                                                                                                                                                                                                                                                                                                                                                     |                                                                                            |                                                                  |                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                         |                                                                                       |                                                         |  |
| Please check the appropriate assignee category or categories (will not be printed on the patent) : 🔲 Individual 🚨 Corporation or other private group entity 🚨 Government                                                                                                                                                                                            |                                                                                            |                                                                  |                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                         |                                                                                       |                                                         |  |
| 4a. The following fee(s) are enclosed:  4b. Payment of Fee(s):                                                                                                                                                                                                                                                                                                      |                                                                                            |                                                                  |                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                         |                                                                                       |                                                         |  |
| X Issue Fee                                                                                                                                                                                                                                                                                                                                                         |                                                                                            | _                                                                | A check in the amount of the fee(s) is enclosed.                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                         |                                                                                       |                                                         |  |
| Publication Fee (No small entity discount permitted)  Advance Order - # of Copies                                                                                                                                                                                                                                                                                   |                                                                                            |                                                                  | Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to                                               |                                                                                                                                                                                                                                                                                                                                                         |                                                                                       |                                                         |  |
| Advance Order - # of                                                                                                                                                                                                                                                                                                                                                | Copies                                                                                     | <del></del>                                                      | Deposit Accor                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                         | (enclose an ext                                                                       | ra copy of this form).                                  |  |
|                                                                                                                                                                                                                                                                                                                                                                     | (from status indicated above                                                               | -                                                                |                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                         |                                                                                       |                                                         |  |
|                                                                                                                                                                                                                                                                                                                                                                     | MALL ENTITY status. See                                                                    |                                                                  | • •                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                         | LL ENTITY status. See 37 C                                                            |                                                         |  |
| The Director of the USPIO NOTE: The Issue Fee and Printerest as shown by the reco                                                                                                                                                                                                                                                                                   | is requested to apply the Issuablication Fee (if required) vords of the United States Pate | ie Fee and Publicat<br>will not be accepted<br>ent and Trademark | from anyone other                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                         | y paid issue fee to the applic<br>istered attorney or agent; or t                     | ·                                                       |  |
|                                                                                                                                                                                                                                                                                                                                                                     | Q # A.                                                                                     | 1_                                                               |                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                         | DE JADDOZ UUUUUUUA 1                                                                  | 0620335                                                 |  |
| Authorized Signature                                                                                                                                                                                                                                                                                                                                                | CUN Mai                                                                                    |                                                                  |                                                                                                                                                                                                  | Dat <b>g<u>լ</u> բ<u>ըվկ</u><br/>02 FC:25</b>                                                                                                                                                                                                                                                                                                           | gę 26, 2006                                                                           |                                                         |  |
| Typed or printed name                                                                                                                                                                                                                                                                                                                                               | Scott A. Brairte                                                                           | on                                                               |                                                                                                                                                                                                  | Registration N                                                                                                                                                                                                                                                                                                                                          |                                                                                       | 700.00 OP                                               |  |

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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